## P180000113637

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	<del>= #)</del>
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Dox	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



100387040021

05/03/22--01023--005 \*\*35.00

SÉURCIANT OF STAIL ALLAHASSEE, FLORIDA

3 PM 1: 31

JUN 2 3 2022 S. PRATHER

## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
Commercial Facility Inc.	t.	
SUBJECT: Commercial Fueling Inc. Name of Corporation		
·		
DOCUMENT NUMBER: P180000663637		
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Binod Chaudhary		
Name of Contact Person		
Westlake Fueling		
Firm/Company		
4670 Seminole Pratt Whitney Rd		
Address		
Westlake, FL 33470		
City/State and Zip Code		
admin@cgpetro.com		
E-mail address: (to be used for future annual	l report notification)	
For further information concerning this matter, p	please call:	
Laura Mulens	at (561 )307-2480	
Name of Contact Person	at (561 )307-2480  Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	Department of State.	
Mailing Address: Amendment Section	Street Address:	
Amendment Section Division of Corporations P.O. Box 6327	Amendment Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## 2822 MAY -3 PM <del>..</del>

Ξ [Τ]

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organiz er to change its registered office or registere	ed under the laws of the State of Florida	this	
1. The name of	the corporation: Commercial Fueling Inc.			
2. The principal	office address: 4999 N. State Rd. 7, Tamarac	,FL 33319		
3. The mailing a	nddress (if different): 4670 Seminole Pratt W	hitney Rd, Westlake, FL 33470		
4. Date of incor	poration/qualification: 7/23/2018	Document number: P18000063637		-
5. The name and	d street address of the current registered age rtment of State: (If resigned, enter resigned)	ent and registered office on file with the		
	Binod Chaudhary			
	9490 Bent Grass Ct		TAI T	<b>&gt;</b>
	Delray Beach, FL 33446		T A H	2822 HAY
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	SSEE,	Υ -3 PM
	Binod Chaudhary		Sú FLO	<u></u>
	4670 Seminole Pratt Whitney Rd		RHD/	<u>ယ</u>
	P.O. Box N Westlake, FL 33470	OT acceptable	,,,,	
-	ess of its registered office and the street ad be identical. as authorized by resolution duly adopted h be board, or the corporation has been notif			
	/	Binod Chaudhary		
Signatu	re of an officer or director	Printed or typed name and title		
I hereby accept I further agree of my duties, an document is bet corporation has	the appointment as registered agent and a to comply with the provisions of all statute ad I am familiar with and accept the oblige ing filed merely to reflect a change in the i s been notified in writing of this change.	agree to act in this capacity. es relative to the proper and complete po ation of my position as registered agent. egistered office address, I hereby confi	erformance Or, if this rm that the	
		4-21-22 Date		
_	nature of Registered Agent	Date		
_ ~	half of an entity:			
Binod Chaudhary				
1	yped or Printed Name			

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)